

Public Health Case Studies



Case 1

Ethical use of liberty-restricting public health measures: Advice to a school board

In *Ethics and Ebola: Public Health Planning and Response*, the Bioethics Commission emphasized the importance of grounding public health policies in the best available scientific evidence, and implementing measures that restrict individual or community liberties only when they are required to protect public health. This case study illustrates how public health professionals consider the ethical components of restrictive measures as a major outbreak unfolds.

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Case Scenario

Some western African countries are experiencing an ongoing epidemic of the Ebola virus disease (EVD), a hemorrhagic fever. EVD is transmitted through close contact with bodily fluids of infected persons only after they have developed symptoms. It is neither transmitted through the air, like influenza or tuberculosis, nor transmitted before symptoms appear, like measles or HIV. EVD is frequently fatal and there is currently no approved vaccine, nor is there an established treatment beyond supportive care.¹

You are a public health professional at a local health department in the United States, and the local school board has contacted you and your colleagues for advice on what they should do to best protect children and families. The community has many families who have immigrated to your town from the affected countries in western Africa and some who have recently visited their home countries. Media attention has focused on the epidemic, including some misinformation about how EVD is transmitted, and generated public pressure to be very cautious. Parents and teachers from the school district have expressed concern about the wellbeing of their children and families. Although there have been no EVD cases in your community, there have been a couple of scares that have caused widespread fear.

Some parents in the school district are requesting that all students whose families immigrated to the United States from an affected country be banned from attending school, while others are calling for students whose household members have recently traveled to western Africa remain home from school. They argue that these children might have been exposed to Ebola and could put other children at risk, claiming that the potentially exposed children could be contagious.

¹ Presidential Commission for the Study of Bioethical Issues (PCSBI). (2014, February). *Ethics and Ebola: Public Health Planning and Response*. Washington, DC: PCSBI, pp. 11-12.

The immigrant families contend that their children will miss out on important educational activities if required to stay home, and that they are not putting other children at risk.

You and your colleagues must advise the school board of the best action to take. One of your colleagues states that requiring some students to remain home from school will mitigate fear among the community. Another colleague raises a concern about the safety of those children if they go to school, given public fear and incidents of violence that have occurred in other communities. You discuss the situation with one of the infectious disease physicians in your department, who is reminded of what occurred during the early stages of the HIV/AIDS epidemic in the United States. She explains that many early HIV/AIDS patients were afraid of movement restriction policies since some of the policies, such as travel bans, led to increased stigmatization of and discrimination towards individuals with HIV/AIDS and groups that became associated with the epidemic. Fear of stigma and discrimination often made these groups less likely to seek health care.

Case Analysis

This case raises a number of considerations with ethical dimensions including, but not limited to:

- When and for what reasons to implement liberty-restricting public health measures (restrictive measures), such as quarantine, travel restrictions, or other social distancing measures;
- How to address the public's concerns and whether it makes sense to require a small number of children to stay home to assuage growing fear, even if unfounded;
- How best to anticipate and address the negative consequences of restrictive measures, including stigma and other social impacts such as loss of income or educational opportunities; and
- How to incorporate the perspectives of, and respond to, the concerns of various stakeholders in ethical decision-making during a public health emergency.

In *Ethics and Ebola: Public Health Planning and Response (Ethics and Ebola)*, the Bioethics Commission addressed these issues in its analysis and recommendations. The following Bioethics Commission insights are particularly relevant to consideration of this case (*Ethics and Ebola*, pp. 22-31):

- Rigorous standards should guide public health policies and practices during a public health emergency, including:

- Implementing and updating policies and practices based on the best available scientific evidence for effectiveness, and
 - Restricting liberty only as much as necessary to protect the public's health (i.e., the principle of least infringement).
- The history of infectious disease epidemics provides lessons about potential negative consequences of restrictive measures:
 - Past epidemics illustrate how marginalized groups can become targets for the misuse of restrictive measures.

**Lessons from history:
HIV/AIDS epidemic in the
United States**

The history of HIV/AIDS provides many relevant lessons including the U.S. travel ban on HIV-infected foreign nationals from 1987 to 2010, which was not grounded in the best available scientific evidence, and perpetuated stigma and discrimination towards affected individuals and groups.

**Lessons from history: The Influenza
Epidemic of 1918-1919**

In certain contexts, non-pharmaceutical interventions, including school closures, cancellation of public gatherings, and isolation and quarantine, can contribute positively to a reduced burden on health care infrastructure. For example, scholars found that during the 1918-1919 influenza epidemic American cities that used non-pharmaceutical interventions had a reduced mortality burden compared to those that did not. For a thorough digital collection of materials relating to this epidemic, including an anthology of city essays, visit the "Influenza Encyclopedia" at www.influenzaarchive.org.

- Reciprocity requires that those who bear the burden of restrictive measures be supported by society through public agencies and policies (e.g., public agencies providing food and shelter or compensation for lost income); and
 - Justice and fairness requires that public health professionals design interventions in such a way that they do not exacerbate existing social inequities.
- Public education and communication is essential to provide the public with justifications for public health action that are accessible and grounded in mutually acceptable reasons. The Bioethics Commission recommended that communication efforts serve three interrelated purposes (*Ethics and Ebola*, pp. 17-19), to:

- Provide the public with actionable, clear, accessible, and accurate information about the response, including what is known and what is not known about actions that communities and individuals can take to protect their health;
 - Provide persons affected by public health policies and programs with an explanation of the values reflected in, and reasoning behind, their implementation; and
 - Mitigate stigmatization and discrimination associated with public health emergencies and public health interventions implemented in response to emergencies.
- Public health professionals should employ ethically rigorous decision-making and stakeholder engagement during an emergency, and structures and processes for addressing ethical issues should be in place before a crisis occurs. Ethics preparedness should be a critical component of public health preparedness at the local, state, federal, and international levels.
- Deliberative processes that incorporate the perspectives of diverse stakeholders can foster public-spirited decisions and inform policy decisions that can be revisited in light of new information and engagement with affected communities. As a component of ethics integration, such deliberation is best conducted before an emergency.

Questions for Discussion

1. What are some of the different public health values and ethical considerations that are raised in this case?
2. What groups have a stake in the situation presented in the case?
3. How would you elicit and evaluate the perspectives of different stakeholders?
4. What are the possible courses of action that public health officials might take?
5. How would you ascertain the public health and ethical implications of the possible courses of action that you have identified? What course of action would you recommend, and why?
6. How would you communicate the justification for your decision to the community?
7. What would you do if some stakeholders disagree with the justification?
8. Suppose the community in this case was affected by a measles outbreak. How might your advice to the school board change, and why?
9. In some public health emergencies the best available scientific evidence for public health action is rapidly evolving or there is disagreement among credible experts. How might you approach ethical decision-making under these circumstances?
10. After the crisis in this case resolves, the health department leadership decides that they need resources in place to deal with the ethical dimensions of future public health emergencies. How might you advise that ethical considerations be integrated into the local health department and its response process?

Acknowledgments

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Additional Resources

Markel, H., et al. (2007). Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. *JAMA*, 298(6), 644-654.

Presidential Commission for the Study of Bioethical Issues (PCSBI). (2015, February). *Ethics and Ebola: Public Health Planning and Response*. Washington, DC: PCSBI.

University of Michigan Center for the History of Medicine. (n.d.). Influenza Encyclopedia. The American Influenza Epidemic of 1918-1919: A Digital Encyclopedia. Retrieved June 2, 2015 from <http://www.influenzaarchive.org/>.